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Providing quality eye care is part of our mission at South Tampa Eyecare. We are constantly looking for better ways to serve you and care for your eyes. Dr. Matt Helsing is pleased to announce that South Tampa Eyecare has recently acquired some of the most advanced diagnostic instruments available to the eye health care field.

The Retinal Imaging Analyzer delivers fast testing and easier assessment of the inside of the eye (the retina, macula, and Optic nerve). By combining high resolution digital photography with scanning laser technology this instrument plays a key role in our vision loss prevention initiative by detecting major back of the eye diseases (glaucoma, diabetes, macular degeneration and other retinal conditions) in their earliest stages.

The Visual Field Analyzer provides the only assessment of the optic nerve pathways inside the brain. This instrument evaluates your vision both centrally (straight ahead) and peripherally (side vision) for any loss of sight, assisting in the early detection of many systemic diseases, as well as the detection of serious eye problems that may not be found during your routine eye examination.

The use of these technologies in our practice have allowed us to detect numerous cases of disease like glaucoma, macular degeneration, and other retinal pathologies at a significantly earlier stage than would have been previously detectable. Some of these cases may have gone undetected until serious damage had occurred.

We believe that this is the level of care we should be providing for every patient in our practice. The screenings are fast, easy, and comfortable. (Please select one)

- Advanced Vision Health Package** (Comprehensive Screening) \$39
 - Retinal imaging analysis with early detection diagnostics
 - Computerized mapping of the optic (visual) nerve pathways
 - Can reduce the frequency with which some patients need to have their pupils dilated
- Retinal Imaging Analyzer Only** \$30
- Visual Field Analyzer Only** \$20
- I choose NOT to have these tests performed today**

Thank you for allowing us to take care of your eyes.

PATIENT SIGNATURE: _____

DATE: _____